

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10695 077
APPLICANT(S)

FILING DATE
10-28-03

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
| 4 | | ① | | | | |
| 5 | | ② | | | | |
| 6 | | ③ | | | | |
| 7 | | ④ | | | | |
| 8 | | ⑤ | | | | |
| 9 | | ⑥ | | | | |
| 10 | | ⑦ | | | | |
| 11 | 1 | | | | | |
| 12 | | ⑧ | | | | |
| 13 | 1 | ⑨ | | | | |
| 14 | | ⑩ | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 12 | | | | | |
| TOTAL CLAIMS | 14 | | | | | |

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |